

<b>Case Number:</b>	CM15-0004799		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Pediatrics, Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 06/24/2011. She has reported subsequent neck, low back and bilateral knee pain and was diagnosed with herniated nucleus propulsus of the cervical spine and lumbar spine, cervical and lumbar radiculopathy, right knee internal derangement and left knee lateral and medial meniscal tear. Treatment to date has included oral and topical pain medication. In a progress note dated 12/16/2014, the treating physician reports persistent burning radicular neck and back and bilateral knee pain with muscle spasms that was rated as a 9-10/10. The injured worker's medications were noted to offer temporary relief of pain and to improve sleep. Objective physical examination findings revealed tenderness to palpation of the cervical spine, lumbar spine and knees, patellofemoral crepitus with range of motion and an effusion, reduced sensation to pinprick and light touch over the C5-C8 and T1 dermatomes, slightly decreased motor strength bilaterally, pain with heel walking and reduced range of motion in the lumbar spine, cervical spine and knees. A request was made for Ketoprofen, Cyclobenzaprine, Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex to assist with pain relief and sleep. On 12/31/2014, Utilization Review non-certified requests for Ketoprofen cream, Cyclobenzaprine cream, Synapryn oral suspension, Tabradol oral suspension, Deprizine oral suspension, Dicopanol oral suspension and Fanatrex oral suspension noting that there was no documentation of objective functional benefit with prior use of these medications. MTUS Chronic Pain Treatment Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Ketoprofen 20% Cream 165 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** There was no documentation of objective functional benefit with prior use of these medications. This agent is not currently FDA approved for a topical application. This request is not medically necessary and appropriate.

### **Cyclobenzaprine 5% Cream 100grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary; and <http://www.drugs.com/cons/fusepaq-tabradol.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** There was no documentation of objective functional benefit with prior use of these medications. This agent is not currently FDA approved for a topical application. This request is not medically necessary and appropriate.

### **Synaprn 10mg/1ml Oral Suspension 500ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use for Chronic Pain, Synapryn (Tramadol). Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=594bad96-de0-4a12-8a38-762962f54a66>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Page(s): 111.

**Decision rationale:** There was no documentation of objective functional benefit with prior use of these medications. Tramadol is not currently FDA approved for a topical application. Glucosamine, orally, is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is no documentation of arthritis in the chart and glucosamine is not currently FDA approved for a topical application. Therefore, the request is not medically necessary.

**Tabradol 1mg/ml Oral Suspension 250ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Cyclobenzaprine is recommended as an option, utilizing a short course of therapy. There was no documentation of objective functional benefit with prior use of these medications. This request is not medically necessary and appropriate.

**Deprizine 15mg/ml Oral Suspension 250ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Monograph, <http://www.drugs.com/pro/deprizine.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The use of gastrointestinal protectants in conjunction with NSAID use is to be based on risk factors and if required a proton pump inhibitor is to be initiated. There were no risk factors or history of gastrointestinal problems noted in the chart. Additionally, there was no documentation of objective functional benefit with prior use of these medications. Therefore, the request is not medically necessary.

**Dicopanor (diphenhydramine) 5mg/ml Oral Suspension 150ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult, <http://www.drugs.com/pro/dicopanor.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

**Decision rationale:** Sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Prolonged use is not recommended. There was no documentation of objective functional benefit with prior use of these medications. Therefore, the request is not medically necessary.

**Fanatrex (Gabapentin) 25mg/ml Oral Suspension 420ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs), Gabapentin. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**Decision rationale:** Gabapentin is recommended on a trial basis with lumbar spinal stenosis to assess if there is improved sensation, decreased pain with movement and increased walking distance. There was no documentation of objective functional benefit with prior use of these medications. This request is not medically necessary and appropriate.